PIUMMO

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600317640166

09/05/18--01010--010 **43.75

NCJ Amal

> R. WHITE SEP 1 0 2018

TILED 2018 SEP -5 MILI: 42 ECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 4A USA INC				
DOCUMENT NUMBER: P14000030906				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
APRIL PEACH CONDRON	ı,			
	Name of Contact Perso	n		
CAPE COD MGMT SVC I	NC			
	Firm/ Company			
314 NE 27TH ST	t min Company			
	Address			
WILTON MANORS FL 33	WILTON MANORS FL 33334-2020			
	City/ State and Zip Cod	1)		
	City/ State and 7.ip Cou	•		
APRILPEACH1@AOL.COM				
E-mail address: (to be u	sed for future annual report	notification)		
For further information concerning this matter, plea	ise call;			
APRIL PEACH CONDRON	.954	661-9038		
Name of Contact Person	at (_)		
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee & Certificate of Status	E\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

FILED

Articles of Incorporation

Λſ

2018 SEP -5 AM 11:41

SECRETARY OF STATE	
itly filed with the Elocidal Depro of State)	
of Corporation (if known)	
s Florida Profit Corporation adopts the following amendment(s) to	
The new	
ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
6420 SW 62ND AVE	
SOUTH MIAMI FL 33143-3302	
314 NE 27TH ST	
WILTON MANORS FL 33334-2020	
dress in Florida, enter the name of the	
55;	
street address)	
, Florida 33027	
(City) (Zip Code)	
nt:	
r with and accept the obligations of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0.01			
6) Change		-	
Add			
Remove			

E. If amending or adding additi (Attach additional sheets, if ne				
				-
				
				·
		-		
				
		·		
F. If an amendment provides for provisions for implementing (if not applicable, indicate)	g the amendment if no			
ONLY SHAREHOLDER, KAM	AL S HOSSAIN, OWN	NS 100% OF CORPOR	ATE SHARES	
				
			·	

	AUGUST 29, 2018 adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
AUGU Dated	IST 29, 2018	
Signature	in Kama Hinsain	
(B ý	a director, president or other officer - if directors or officers have not bee	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other ed	ourt
app	ointed fiduciary by that fiduciary)	
	KAMAL S HOSSAIN	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	